## OH-11-08 LAP 15 Rec'd PCT/PTO 10 APR) 2008

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MADE	Application Number	10/565,061		1
TRANSMITTAL	Filing Date	July 8, 2004		
FORM	First Named Inventor	Uwe Osthues		
	Art Unit			
(to be used for all correspondence after initial filing)	Examiner Name			

(to be us	ed for all correspo	ondence after initial	filing)	Examiner Name					
Total Number of Pages in This Submission			Attorney Docket Numbe	10016.51	9				
ENCLOSURES (Check all that apply)									
Ame Exte Expi Infoi	Fee Attaches endment/Reply After Final Affidavits/de ension of Time I ress Abandonn rmation Disclos tified Copy of P eument(s) bity to Missing Per emplete Applica Reply to Mi	ransmittal Form  Fee Attached  Iment/Reply  After Final  Affidavits/declaration(s)  Sion of Time Request  ass Abandonment Request  attion Disclosure Statement  Terminal Disclai  Request for Ref  CD, Number of  Landscape  Remarks			e Address	After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information			
		SIGNA	TURE O	F APPLICANT, ATT	ORNEY,	OR AGEN	ıΤ		
Firm Name SMITH LAW OFFICE Signature  Printed name Jeffry W. Smith									
Date april 60 2008 Reg. No. 33455									
CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:  Signature									
Typed or pri	inted name			<del></del>		D	ate		

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (10-07)
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FEE TRANSMITTAL For FY 2008  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  OTAL AMOUNT OF PA	Effection of the Consolid	48181	Complete if Known						
FOR FY 2008  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  TOTAL AMOUNT OF PAYMENT  TOTAL AMOUNT OF PAYMENT  TOTAL CAMOUNT OF PAYMENT  TOTAL	CEE TO A NICMITTAL				Application Number 10/565,		0/565,061	061	
Applicant claims small entity status. See 37 CFR 127   Art Unit				Filing Date July 8		uly 8, 2004	/ 8, 2004		
Art Unit   Attorney Docket No.   10016,519	For FY 2008			First Named Inventor Uv		Uwe Osthues			
METHOD OF PAYMENT (check all that apply)    Check	Applicant claims small entity status. See 37 CFR 1 27				Examiner Name				
METHOD OF PAYMENT (check all that apply)   Check				$\dashv$	Art Unit				
Check	TOTAL AMOUNT OF PAYMENT (\$) 850.00				Attorney Docket No. 10016.519				
Deposit Account Deposit Account Number: 50-2911   Deposit Account Name: SMITH LAW OFFICE	METHOD OF PAYMEN	T (check al	l that apply)			_			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below	Check Credit Card Money Order None Other (please identify):								
Charge fee(s) indicated below. Charge fee(s) indicated below, except for the filing fee    Charge any additional fee(s) or underpayments of fee(s)   Credit any overpayments   Credit any overpayments									
Charge any additional fee(s) or underpayments of fee(s)				or is here	eby authorized to	: (check a	ill that apply)		
WARNING: Information on his form my become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.    FEE CALCULATION						e fee(s) ir	ndicated below, e	except for the filing fee	
Telephone   Tele	under 37 CFI	R 1.16 and 1	.17		Clean	•		·	
Application Type	WARNING: Information on thi information and authorization	s form may be on PTO-2038	ecome public. Credit	card info	ormation should no	ot be inclu	ded on this form.	Provide credit card	
File   Sama   Extra Claims   Fee   Sama   Extra Claims   Fee   Sama	FEE CALCULATION								
File   Sama   Extra Claims   Fee   Sama   Extra Claims   Fee   Sama	1. BASIC FILING, SEAI	RCH, AND	EXAMINATION F	EES					
Utility   310   155   510   255   210   105     Design   210   105   100   50   130   65     Plant   210   105   310   155   160   80     Reissue   310   155   510   255   620   310     Provisional   210   105   0   0   0   0     Provisional   210   105   0   0   0   0     ExCESS CLAIM FEES   Small Entity     Fee Description   Fee (\$)   Fee (\$)   Fee (\$)     Each claim over 20 (including Reissues)   50   25     Each independent claims   Fee (\$)   Fee Paid (\$)     Multiple dependent Claims   Fee (\$)   Fee Paid (\$)     And the provisional   210   105     Multiple Dependent Claims   Fee (\$)   Fee Paid (\$)     Multiple Dependent Claims   Fee (\$)   Fee Paid (\$)     Multiple Dependent Claims   Fee (\$)   Fee Paid (\$)     And the provisional   210   105     And	FILING FEES , SEARCH FEES EXAMINATION FEES								
Design   210   105   100   50   130   65	Application Type			Fee (\$)		Fee (		Fees Paid (\$)	
Plant	\ Utility	310		510					
Reissue 310 155 510 255 620 310  Provisional 210 105 0 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claims over 3 (including Reissues)  Multiple dependent claims  Total Claims  37 - 20 or HP = 17 x x 50 = 850  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Total Claims  Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof. Fee (\$) Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):  UBMITTED BY  Ignature  Registration No. (Attorney/Agent) 33455  Telephone 608-663-8200	Design	210	105	100	50	130	65		
Provisional 210 105 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Plant	210	105	310	155	160	80		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claims over 3 (including Reissues)  Each independent claims  Total Claims  Total Claims  Total Claims  Extra Claims  Fee (\$)  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  The highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  100 = 100 = 105  Fee (\$)  Fee Paid (\$)  Total Sheets  Fee Paid (\$)  Total Sheets  Fee Paid (\$)  Total Sheets  Fee Paid (\$)  F	Reissue	310	155	510	255	620	310		
Fee   S   S   S   S   S   S   S   S   S			105	0	0	0	0		
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Total Cl		ES					Fee /\$\		
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Total C		including R	Reissues)						
Multiple dependent claims  Total Claims  Sextra Claims  Total Claims  To									
37 - 20 or HP = 17   x   50   = 850   Fee (\$)   Fee Paid (\$)     HP = highest number of total claims paid for, if greater than 20.   04/14/2008 LLANDSRA 00000083 10565061     3 - 3 or HP =   x   =   01 FC:1615   850.00 GF     HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).   Total Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)     -100 =   /50 =   (round up to a whole number)   x   =     4. OTHER FEE(S)   Fee Paid (\$)     Non-English Specification, \$130 fee (no small entity discount)   Registration No. (Attorney/Agent)   33455   Telephone 608-663-8200     Control of the control of th	Multiple dependent of			370	185				
HP = highest number of total claims paid for, if greater than 20.    Indep. Claims									
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3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  -100 = /50 = (round up to a whole number) x = =  4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):  Telephone 608-663-8200  Registration No. (Attorney/Agent) 33455  Telephone 608-663-8200	3 - 3 or HP = x = 01 FC;1615 850,00 GP								
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sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  (round up to a whole number) x  Eee Paid (\$)  Fee Paid (\$)  Fees Paid (\$)  Other (e.g., late filing surcharge):  Registration No.  (Attorney/Agent)  Registration No.  (Attorney/Agent)  Respondence (Respondence of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fees Paid (\$)  Fees Paid (\$)  Fees Paid (\$)  Fees Paid (\$)	If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50								
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ignature Registration No. 33455 Telephone 608-663-8200 (Attorney/Agent)	Other (e.g., late filing surcharge):								
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This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



## **EXPRESS MAIL LETTER**

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Osthues et al.

Int'l Filing Date:

July 8, 2004

Application No.:

10/565,061

For:

COWSHED ARRANGEMENT AND COWSHED UNIT FOR HOUSING DAIRY CATTLE

Docket No.:

10016.519

Express Mail No.:

EM179507602US

Date of Deposit:

April 10, 2008

I hereby certify that these attached documents

- > Response postcard
- > Check in the amount of \$850.00
- > PTO/SB 21 (1p)
- > PTO/SB 17 (1p) and 1 copy
- > Preliminary Amendment (8pp)
- ➤ Marked-Up Specification (23pp)
- Substitute Specification (22pp)
- > Information Disclosure Statement (5pp); PTO/SB 08a (3pp); PTO/SB 08b (1p) and 21 documents

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 35 C.F.R. §1.10 on the date indicated above and is addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450

(Jeffry W. Smith, Reg. No. 33455)

Enclosed for filing please find the above-referenced documents. Please indicate receipt of these documents by returning the attached postcard with the official Patent and Trademark Office receipt stamped thereon.

Respectfully submitted,

Jeffry W. Smith, Reg. No. 33455

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